

ADDRESS OF THE INCOMING PRESIDENT

THE ACADEMY: ITS RELATION TO THE ART AND PRACTICE OF MEDICINE IN NEW YORK*

BERNARD SACHS

Dr. Hartwell, Fellows and Friends of the Academy :

With the feeling of deep gratitude to the membership of this Academy, and in a spirit of sincere humility, I acknowledge the great honor you have conferred upon me in the election to the Presidency of the New York Academy of Medicine.

It is indeed a distinction of which any medical man may well be proud—to find himself in the company of Willard Parker, Fordyce Barker, Abraham Jacobi, Alfred Loomis, Edward G. Janeway; and of my immediate predecessors, George D. Stewart—orator, poet, forceful executive, Samuel A. Brown—keen, kindly, brilliant administrator, Samuel W. Lambert—learned physician, lover of books, able defender of the physician's rights in the Prohibition folly; and John A. Hartwell—of whom Dr. Williams said only last year in this hall, that “by intellectual power, impartial judgment, moral courage, he has shown himself to be not only a great leader, but a great citizen of this city.” I harbor the tiniest grudge against him because he has established a standard of excellence difficult to attain; and unlike some national Presidents, he has squared his performance with his promise.

There is some comfort for the present Academicians to know that Presidents may come and go, but the Director remains; and so long as Linsly R. Williams is charting the ship's course, it will keep off the rocks, even if it be sailing in troubled waters. I have watched the activities of the

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Academy during sixteen presidencies, have served on various committees, have seen its home change from its modest quarters at 12 West 31st Street to its present fine and still growing structure. I have had the honor of serving as one of the Trustees for the past seven years and have been inspired by the activities of the Academy from the very beginning of my medical career, realizing what it has meant in the advancement of the science and practice of medicine, the tower of strength it has been in the maintenance of the highest ethical principles and what an able defender it is of the rights of the profession ; and how much it has contributed to the welfare of our City, our State, and our Nation.

If, during my incumbency of office, the good work of the Academy shall have been maintained and advanced by ever so little, I shall feel amply rewarded for any efforts I shall be called upon to make. To the Fellowship of the Academy, I appeal for that continued, unselfish, loyal support which they have given in the years past.

Let me confide to the public, that out of our membership of over twenty-one hundred, very nearly two hundred of the busiest medical practitioners of this city are devoting themselves unstintingly to the interests of the Academy, which means the interests of the profession and of the community.

What are some of our troubles? When this Academy was founded in 1847, in the first anniversary discourse, Dr. John W. Francis took occasion to say that the founding of the Academy was the inevitable result of the wants of the profession itself and of the community at large, and that one of its main purposes was to protect the community from the poisoned arrows of charlatanism. Fortunately, we need not, at the present day, consider this one of our chief aims. But, we are bound by tradition and by the needs of the day to do all in our power to advance the art, the science, and the practice of medicine, not only for our own good, but chiefly for the protection of the people.

New York, with its excellent municipal and private hospitals, with its two proud medical centers, with its Rockefeller Institute and many other research laboratories, may well be considered the very hub of medical science in America. While the Academy has actually abstained from inaugurating teaching courses, and while it is careful not to interfere with the functions of the various colleges, it provides the forum for the discussion of the many scientific medical problems pressing for solution, and in various ways, gives continuous instruction and enlightenment to the active practitioners of the metropolitan area.

Through the meetings of its eleven different sections, the specialties in Medicine and Surgery are well represented, and we are proud to have one section especially devoted to historical and cultural medicine, in which the attempt is made to preserve the link with the best traditions of former ages. The special groups meet for the more intimate discussion of the problems supposed to be of importance to these groups. I hope to stimulate the Fellows to even broader scientific activity, so that their work may become known to all.

At the Stated Meetings, held twice a month, questions of general interest are to be presented. By a wise arrangement with the Harvey Society, a certain number of these stated meetings have been given over to the advanced scientific purposes of that Society. I am of the opinion that these stated meetings could be made to serve a more useful purpose if we seek, thinking of medical *science*, to obviate the present decentralization of medicine.

The field of medical endeavor has assumed such tremendous proportions, that no one man can grasp the entire subject. Specialists in the practical arts and research workers are needed, and will be more and more welcome to the profession. It would be a distinct advantage to the medical fraternity if some special effort were made to acquaint the various specialists with the important problems engaging the attention of other medical and surgical groups.

If these specialists at some stated meeting, were to suggest for general discussion and information, their most pressing problems of the day, much could be done to bring about a desirable centralization of medicine, so that each one of us might realize what the others are thinking and worrying about. In this connection, let me make another plea—it is that we seek in every possible way to restore general medicine, or let us say, internal medicine, to the dignified role it once played. This implies that the general practitioner, the family physician, be restored to his full rights, and that we seek to develop once more the great general consulting physicians of former days, who will have a sufficient understanding of the entire domain of medicine, including the many biological sciences, and will be able to appreciate the special problems engaging the attention of the various specialties—always conceding that the detailed and practical work of the various specialties will require special skill and special training, such as no one man could hope to acquire.

There is need of the general medical diagnostician, the man with broad vision, with calm judgment, with the human touch—the family physician—with the full appreciation of the needs of the individual under the present strain of social and economic stress. The single physician may not be able to treat the whole body, but he *is* able to treat the body as a whole.

Family practice, for obvious reasons, is the most trying of all forms of medical service, and its compensations are entirely disproportionate to the value of the services rendered. At the present time the family practitioner is the only one among us who has a real inferiority complex; formerly he made the mistake of knowing it all; during the last two decades he has not maintained either his dignity or his rank; he has not made himself the central figure in the healing art; he has allowed himself to be pushed aside, until the public has begun to doubt his capacity and his usefulness.

The man or woman preparing for a medical career has all too often given thought to special work, without recognizing the truth that every physician should be a general medical man first, and then if need be, and if fitted for it, a specialist.

The Academy has taken a long step in advance by creating its new order of Fellows. According to the preference the member expresses, and his equipment, he may be received into one of the individual sections, say, of obstetrics and gynecology, of surgery, of pediatrics, and, once a fellow of a section, he is in the opinion of the authorities of the Academy, regarded as a man qualified to practice this specialty. Dr. Eggers as Chairman of a sub-committee is ready to submit a full report on the training of specialists.

The Fellows and Officers of the Academy, I am certain, will subscribe to the belief that medicine, and of course it includes surgery, must remain a cultured and learned profession. That there may be no doubt of our learning, we have inscribed over the portals and lintels of our windows, learned Latin sayings, selected by our erudite colleague and friend Charles L. Dana. For the benefit of those whose Latin has become somewhat rusty, adequate translations may be found in the Director's office. I wish we could find room for just one other inscription borrowed from Terence, as my learned brother assures me:

HOMO SUM; HUMANI NIL A ME ALIENUM PUTO.

You may question my antiquated pronunciation, but you will approve the sentiment: "Man am I; Nothing pertaining to man is foreign to me"—Let that indicate the breadth and scope of our professional and communal interests.

The colleges and medical schools will surely do their utmost to see that every man and woman intending to enter the profession, shall have had an adequate college training or its equivalent, shall have felt, as President Lowell puts it, "the stimulation of more vivid intellectual interests." I wish we could follow the example of the

Phipps Institute in Pittsburgh, and determine in advance whether the applicant for admission to the medical school is at all fitted for the profession. There are altogether too many men and women anxious to take up medicine as a life career. This is true not only of our City and Country, it is true, and is being deplored in other countries. It is authoritatively stated that there are 25,000 students of medicine at German universities at the present day. How many of these are bound to starve, it would not be difficult to guess. The Lowell report says that in the United States we have twenty-five thousand physicians more than we need. It adds cynically, "the number of thoroughly qualified physicians is and always will remain insufficient." In the decade preceding 1928, the population in New York State increased 9 per cent, the number of physicians has increased 23 per cent.

Those proposing to enter the field of medicine should feel the call of the calling, and should be imbued with a fervent desire not only to pursue an honorable career, but to be of real service to the community. In this era of economic stress, when success in commerce and industry demands real talent, proud parents will do well to realize that distinguished success in the business or industrial world depends as much on brain capacity and excellence of character as does success in any of the professions. On this point, law and medicine are in complete harmony.

In the medical ranks, we need recruits from our best stock and we want aspiring youths eager to win their laurels in practice and in research. Do not urge any young man to take up medicine because of prospective gain. He who seeks riches or even an assured living would do well to go elsewhere. We do, however, wish to attract men of ambition and of sterling character. Character is more important than all else. Adequate brain capacity is more easily found than absolute honesty of purpose.

So far as medical practice in this community is concerned, the Academy stands for the observance of the

strictest ethical principles. It will not sanction a division of fees or any other, slightest, infraction of the highest ethical principles of the medical profession. In every instance the patient must know what and whom he is paying. Through its Council and its Committee on Professional Standards, the Academy has the power and authority to call any of its members to account; so that the public may have the guarantee that the members and fellows of this organization are endorsed as men who practice the art of medicine in keeping with the best traditions of this and former ages. I promise that there shall be no departure from the strictest ethical standards.

Unethical medical practices have a most baneful influence on the development of the young practitioner. In former days, it was the ambition of the young physician to advance by dint of hard work, close attention to his patients, and by keeping himself thoroughly up to date with every advancement in the science and art of practice. It is painful to admit that at the present time advancement is not always secured in this way, but by alliance with a group of men who think less of the individual's merit and more of his financial prospects. The only way to rid ourselves of this danger is to destroy the den of iniquity by refusing to recognize it in any way. The members of this Academy, with the cooperation of the County Medical Society, exerting their influence over the entire medical profession in this City, will be able to control these evil practices.

We cannot shut our eyes to the fact that the medical profession is sharing in the economic difficulties of the day, and while we are determined that no dishonest practice shall obtain in the relations of the medical man to the community, it is only fair to consider that the average physician has a hard road to travel, that with the exception of a few fortunately situated individuals, the majority of physicians must seek a livelihood and are absolutely dependent upon fair compensation. The doctor's lot is not an

enviable one. Listen to the old quatrain recently revived in a Times editorial—

God and the Doctor we alike adore
But only when in danger, not before;
The danger o'er, both are alike requited
God is forgotten, and the Doctor slighted.

Physicians have always given every possible consideration to the adequate care of those who find themselves unable to pay for medical services. In our hospitals and dispensaries, they have done their work unselfishly, seeking their reward chiefly in the opportunities afforded them for increased experience and for the more rapid development of their professional reputation.

The medical fraternity, and surely the Academy, would be ready to assist in minimizing the costs of medical care. The recent report issued by the Wilbur Committee has focused attention upon it. The Lowell Committee has also called attention to the physician's professional training. The Majority Report of the Wilbur Committee calls for the development of medical units grouped about a hospital as the center, assuring the individual patient complete protection during illness by the payment of a very modest sum. Such payment is to be made either as health insurance or through some form of taxation. Evidently not only the poorest are to be protected in this way, but once this system is inaugurated, practically all classes will be permitted to join; and if any one, by paying a small amount per week or year, will be included, the system will be so revolutionary in effect, as to necessitate a reorganization of our hospitals and of the methods and practices existing at the present time among medical men. The Wilbur report, carefully prepared, deserves calm consideration, but I fear the physician himself will be the "forgotten man." Let us step carefully before adopting a system not unlike that in the process of development in some European countries, in which the average medical man is facing a starvation income. There are many different

points of view regarding State Medicine and the Socialization of Medicine. The future of our hospitals will also have to be considered carefully.

Aside from the question of income, the medical man must not lose incentive to the continuous improvement of his personal skill. After all, in this country of ours, glorified for the opportunities provided for individual success, the aspirant for fame in the medical ranks must be given his chance to succeed under American conditions. If any are blinded by what is reported from Russia, I have it on the personal authority of one of the most eminent physicians of the present day of Leningrad, and now a Soviet official, that there is no incentive to good work among Russian medical men. They have been standardized and leveled with a vengeance. Let us keep the fate of the medical man, as an individual, in mind if we are to inaugurate a new system; let us be certain that the patient at least will fare far better than he has under existing conditions.

As for the younger man trying to rise in the ranks, I fear he will not feel the stimulus to excellence of work that the man does, and should feel, who hopes that his practice will grow from patient to patient. I fear also the lack of that understanding between patient and physician which is so essential in the art of practice. Even at the present time, patients in our better hospitals receive a great amount of personal attention and sympathy; and yet those of us who have served both in hospitals and in private practice, feel that the contact with the individual patient in the outside world, the desire to meet with favor, to do his best by every individual case, to see his reputation spread from one group to another, the intimate contact with the individual in his social setting, are the important factors in the life of every medical man that tend to develop him as a successful practitioner of the healing art; and it is the constant contact with men and women in health and in illness in private practice that help greatly to build up the character of the physician himself. From the ranks

of the able and successful general practitioners must come the true teachers of the art of practice.

While the Wilbur Committee took five years to make its survey, the Lowell Committee made its final report after eight years; thus, you see that medical methods and conditions have been studied very closely these many years.

The Lowell Committee emphasizes the principle of making modern medical treatment and prevention of disease available to every one at reasonable cost. It believes in shortening and improving pre-medical education. It wants medicine to become more cooperative and less competitive.

We shall find no difficulty in agreeing with the Committee that specialization in branches of medicine has been greatly overdone, and we also agree with it that the unit of practice is the individual patient.

It puts forth the interesting figures that the 156,440 licensed physicians in the United States, represent a ratio of one physician for every 780 persons, which is twice as many as in the leading countries in Europe, and more than are needed for adequate medical service. They believe that one active physician to 1,000 or 1,200 persons is sufficient.

It is again of interest to know that of the 1,430,500 persons engaged in the medical profession in the United States, only about 10 per cent are physicians, the rest being nurses, hospital employees, midwives, pharmacists, etc. The calculations of this Committee are to the effect that the total expenditures for medical service in the United States are about two billion, five hundred million dollars a year, representing about \$100 a family a year.

It is also revealed that about seven hundred million dollars is spent for medicines, and 75 per cent of this is put down for self-medication largely through patent medicines and home remedies, supplied by the 60,000 drug stores of the country.

The Wilbur and Lowell reports taken conjointly, put forth a startling array of figures. It is both instructive and amusing to learn that the amount spent each year for tobacco alone is almost twice the total gross income of all physicians (in this country); the amount spent on candy is more than twice that expended on civil hospitals; that spent for cosmetics is about twice the expenditures for nursing—all of which seems to prove the devastating influence of the cigarette, of candy and of the lipstick. The Lowell group again expresses serious doubts as to the efficacy of sickness insurance, and they feel that there is always the danger that the extension of insurance and the interference with established programs of medical care may produce chaotic conditions, such as threaten several countries now.

It is worthy of note that the Lowell report appears to be the unanimous report of a very eminent group of medical men, many of whom are well known throughout the country as men of highest standing and repute.

Of writing surveys, there is no end. Apparently each community, and especially this community of ours will have to tackle its own problem in its own way.

While guarding the health of the community, the physician is eminently fitted to interest himself in the general welfare of the community. Any medical man with his eyes only half open, going through the town and country as so many of us have done for years and years, can hardly fail to see the needs of the community and the imperfect way these needs are met.

A very considerable part of the excellent work done by this Academy is in connection with work benefiting the community at large, and yet we medical men, and especially we members of the Academy, have always been meticulously careful not to play politics, nor even to arouse the suspicion that we may be leaning to one political party or the other. Nevertheless, the community will always find

the Academy and its members ready to safeguard its interests, and to give reliable information. If the question ever arose, for instance, of revising a city charter or of changing the form of city government, we may be able entirely to avoid any party label, but there will be no doubt as to the opinions held by the majority of us, strongly in favor of absolute honesty of government, and by that, opposed to any form of deception practiced upon the people. We feel that dishonesty in political matters does not merely imply pilfering and stealing of public funds; but the unwillingness or the inability on the part of public officials to grasp and to solve their immediate problems, and thus to give no adequate return for the monies expended, this is almost worse than ordinary dishonesty; and I need not say that this form of official stupidity obtains in our very midst to an extent that only those can realize who have had any sort of insight into the conduct of public affairs. It is my hope that the influence of the Academy on public affairs in the City and State will grow from year to year, and I trust that many physicians will find some leisure hours during each week, to devote to the interests of the community at large. Medical men holding public office are expected to do their work, honestly, unselfishly and efficiently.

One of the chief purposes of this address is to explain in outline what the New York Academy of Medicine aims to do for the profession and for the community; but before detailing these activities, I must have a word to say about our Library, which is the crowning glory of our organization. It is not merely the second largest collection of medical works in this country, with its 183,000 bound volumes—not merely a storehouse of books, but any medical student, practitioner, or any lay person, wishing seriously to obtain authoritative knowledge on any medical subject will find his work made easy by consultation with a splendid staff of workers, men and women, under the guidance of that distinguished librarian of ours, Dr. Archibald Malloch, whom I love to call “our professor of books.”

While figures may not be so important, it is of sufficient interest to know that in the average month there were 3,875 readers in the Library and Journal Room of the Academy. Of these, 2,081 were doctors from New York City; 202 doctors from outside; 451 were medical students; 213 were non-medical; 301 workers in other sciences than medicine; 14 were law workers; 146 were secretaries, probably helping to prepare doctors' papers; 467 were put down as "other readers."

Dr. Malloch, who was kind enough to furnish me with much interesting information, lays special stress upon the fine collection of rare medical manuscripts, incunabula, and great medical works of historical importance. Of somewhat lesser importance, are a large number of biographies of medical men, of novels and other works of a non-medical nature, written by doctors. You see there is not a thing a doctor will not attempt.

The ladies of this audience, if any are old-fashioned enough, will be glad to know that the Library contains the Margaret Barclay Wilson collection on food and cookery, written and published in more than a score of languages. Dr. Malloch says it contains the Apicius manuscript of the Ninth Century. Some day I am going to ask him to tell us about that manuscript. It may be of interest to know how those ancient people cooked their goose. Meanwhile, aspiring chefs may apply for reading privileges!

In our reading room we receive regularly 1,934 periodicals, exclusive of several hundred annual reports and public health documents and long runs of graduation theses.

The Library has a bibliographical department, which, on payment of a moderate fee, prepares bibliographies, makes translations, and helps with the preparation of papers. We have a great way of appearing learned; and we do guard public morals. Dr. Malloch is hyperconscientious. "If a reader asks for a book by an author, he is given it without question, except for quite a large number of works

on 'sex questions.' But if he does not know an author, and asks for a book on a certain subject, we try to give him 'what might be called a sensible one.'" Readers, male and female, interested in sex psychology, and kindred subjects, must not be in doubt as to the author's name, or else they will receive more modest information than many of them seek.

The "professor of books" has supplied me with other information. Writers of stories and plays come to get medical coloring and atmosphere for their works. Hair dressers and beauty specialists may come and get reliable information on diseases of the skin, ointments, perfumes, soaps, etc. Medical illustrators come to study illustrations of great medical artists, and the Library's collection of original drawings. Dr. Malloch very rightly deplores the fact that some doctors send their patients to read about their own illnesses.

The Library spreads its influence by lending books to any public library outside of New York City. In 1931, 820 books were sent thus to 80 different libraries. It is very evident that this Library of ours supplies a great need and is worthy of the most liberal support, whatever the cost may be. Incidentally, it is well to know that the great Public Library in New York has no medical division.

But we must pass from the Library to other activities.

Like the Congress, we do our work largely through committees. Take the Committee on Public Health Relations, guided during 18 years by the intelligence and skill of Dr. Charles L. Dana, and now under the admirable leadership of Dr. James A. Miller and its masterly Executive Secretary, Dr. E. H. L. Corwin, it has, during the past twenty-one years or more been of distinct help to almost every department of the City Administration, guarding hospital provisions in our prisons, the proper treatment of drug addicts, helping the Police Department in organizing its medical service. It has helped the Department of

Education in the proper examination of cripples and of children with heart disease; latterly it has been privileged to advise regarding the sick leave of teachers. The Committee has been in the closest touch with the Department of Health and the Department of Hospitals. In addition, this Committee has inaugurated plans which led to the formation of the Blood Transfusion Betterment Association. The Committee's advice has been sought and given in the matter of developing Saratoga Springs and other public projects. But, the work of the Committee has been especially fruitful of late. It has published a volume on Preventive Medicine; a sub-committee under the chairmanship of Dr. Frederic E. Sondern and with Dr. Hooker as executive secretary, is engaged in a most important survey of Maternal Mortality; another sub-committee is studying Diabetes. The Committee has held an exhibition on air pollution and street cleaning methods, and an exhibit of oxygen therapy. It is at present offering a course of lectures on Occupational Diseases. An important bit of work of this Committee has been its analysis of the Veterans' so-called relief legislation. Under the Chairmanship of Dr. George Baehr, startling facts have been revealed regarding the Veterans' legislation. The sub-committee report emphasized the fact that almost half of the sum of one billion dollars a year spent in 1931 upon ex-soldiers was being used for men whose illnesses developed in civil life and without any relation to their war service. It was frankly critical of work done by medical men who might have known better. The report indicated that the future demand for free hospital, medical and nursing care, and for cash allowances from the four million men who had worn a uniform at some time during the World War, would eventually impoverish the country and tend to destroy the efficiency of medical care for all the people of the United States.

It is more than likely that the recommendation made by this Committee had some influence in bringing about the Congressional Investigation, and of developing a coordin-

ating program for Veterans' relief for the future, which would be fair to the ex-soldiers and to the remaining 96 per cent of the population of the United States.

A special sub-committee, under the very able leadership of Dr. Adrian V. S. Lambert, has reported to the Cullman Committee and to Ex-Governor Roosevelt on the difficulties and abuses in administering the Workmen's Compensation law. Our papers have already spoken of a "Compensation Racket"; but the public may be certain, once such a racket is uncovered, the Academy Committee will spare no effort to show how the abuses are to be corrected, so that we may have satisfactory enforcement of a law that was to be just to the injured employee and the employer. It has taken us a long while in this country to realize that the expert medical examiner should always be selected or appointed by the Court and not by one of the parties to a suit. If the Governor so requests, the Academy will consider carefully the possibility of the establishment of a panel of physicians qualified and licensed to do compensation work. If such a panel is created it should be done with the cooperation and approval of the Medical Society of the State of New York. The Academy will not dodge that responsibility; nor will it favor purely commercial clinics, nor anything that suggests financial gain to the disadvantage of the injured person.

Through its Committee on Medical Education all matters referring to the training of medical students and medical practitioners are carefully considered. It might not be amiss if these men of long experience in active practice were to discuss with college authorities, the question of the full time professorship. I need not enter upon the details of the Graduate Fortnight, held in October of each year, which has become an established and valuable feature of the Academy's work, and through which the practitioner is supposed to obtain a quick review of the recent advances made in the medical sciences.

Through its Program Committee, and with the able help

of Dr. Reynolds, every effort is made to arrange the meetings in such a way as to keep the medical profession informed of the work being done in the various practical and purely scientific divisions of medicine and surgery.

Brief reference may be made to the excellent work done by a committee headed by Dr. I. Strauss in studying the operation of criminal law in its relation to insanity. Dr. Strauss' committee has also cooperated with Judge Collins in organizing a series of lectures for probation workers. The Judge looks forward with "happy expectancy" to achievement of importance in the cooperation of medicine and law for the welfare of society. I cannot close this enumeration of some of the Academy's activities without referring to the Information Bureau, which was established some years ago, and is now under the leadership of Dr. Galdston, the aims of which are, in association with the Medical Society of the County of New York, "to facilitate the dissemination of authentic information on medical and public health matters, to stem and curtail quackery and to promote a better understanding between the public and organized medicine." This Bureau has undertaken to supply the press of the country and the broadcasting agencies, with reliable information and competent speakers on the burning medical questions of the day.

All that I have said is supposed to be the answer to the question that has been so frequently put to me, "What does the Academy do?" Some of you may now ask, "What does it not do?" I hope I have given you a faint idea of the complexity and variety of the problems that come before us. We cannot wander, as the Academicians of old did, in olive groves, but thanks to the foresight and generosity of the Carnegie and Rockefeller Foundations, many of us, at all times of the day and night, enjoy the comforts and hospitality of this home of ours. It will be the aim of the officers of the Academy to make this home more attractive than ever to the Fellows and to the public, with the hope that the ties linking the Academy to the City and State

may become closer and closer and that the people of the City may feel that the physicians of New York are unselfishly yet jealously guarding the health, the welfare and even the morals of the entire community.

To the Fellows, I say: Join lustily in the good work ahead; to our friends here I say, Watch us at work; Give us your moral support; Cheer us by your presence; Come again!

FUNDS FOR RESEARCH IN PSYCHIATRY

The Thomas W. Salmon Memorial Committee of The New York Academy of Medicine has a sum of money which is available for small grants to physicians and others who are engaged in research work in the fields of psychiatry, mental hygiene and child guidance. Workers who are interested in receiving such grants may apply to The Thomas W. Salmon Memorial Committee, The New York Academy of Medicine, 2 East 103 Street, New York City,

RECENT ACCESSIONS TO THE LIBRARY

American College of Dentists. Commission on Journalism. The status of dental journalism in the United States. Report, 1928-1931.

N. Y., 1932, 238 p.

Atkinson, F. R. B. Acromegaly.

London, Bale, 1932, 260 p.

Babonneix, L. Thérapeutique infantile.

Paris, Masson, 1932, 508 p.

Bálint, R. and Weiss, S. Tissue proliferation and acid base equilibrium.

London, Constable, 1932, 211 p.

Bartlett, F. C. Remembering; a study in experimental and social psychology.

N. Y., Macmillan, 1932, 317 p.

Bartlett, F. H. Infants and children; their feeding and growth.

N. Y., Farrar, [1932], 409 p.

Beaumont, G. E. Medicine; essentials for practitioners and students.

London, Churchill, 1932, 719 p.

Bertolotti, M. La critica medica nella storia Alessandro Magno.

Torino, Bocca, [1932], 413 p.